

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

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Spearfish, SD 57783				
Name of Institution: Golden Louing Confer				
Address: 106 Braddock				
Aimoul S.D 57313				
Phone Number: 605-724-2119 Fax Number: 605 724 2511				
E-mail Address of Faculty: Koren. Fleming Dgolden living. com				
Select option(s) for Re-Approval: Request re-approval without changes to program coordinator, primary instructor, supplemental personnel curriculum List personnel and licensure information Complete evaluation of the curriculum Request re-approval with faculty changes and/or curriculum changes List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel documentation to support requested curriculum changes				
List Personnel and Licensure Information: Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Olyector of Nursing (DON)				
but may not perform training while serving as DON. (ARSD 44:04:18:10)				
Name of Program Cooldinato.				
Expiration Verification				
Karn Flennis SD Rosy870 8/15	0 <u>V.5660</u> IV)			
If requesting new Program Coordinator, attach curriculum vita, resume, or work history	ma			
Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of with provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 4-	nich is in the 1:04:18:11)			
Name of Primary Instructor)			
Scale Number Expiration Vertication				
Kuren Fleming Completed b	y SDBON) /			
supporting previous experience in teaching adults within the past five years or documentation of complete in the instruction of adults.	eting a			
Supplemental Personnel may assist with Instruction, they must have one year of experience in their respects tractice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new Supplemental Personnel, attach curriculum vita, resume, or work history.	ve field of			



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Supplemental Personnel & Credentials	State	LICENSURE/ Number	REGISTRATIO Expiration Date	N Vérification (Campleted by:	
Dawn Soukup	50	12034137	10/15/13	SCEON (STATE	Rr
			171 8		

 Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Standard	Yes	No
 Program was no less than 75 hours. 	1	880
 Provided minimum 16 hours of instruction prior to students having direct patient contact. 	V	
 Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor. 	L	
 Provided instruction on each content area (see ARSD 44:04:18:15): 	V	
Basic nursing skills	V	
Personal care skills	V	
Mental health and social services	V	
Care of cognitively impaired clients	1	 -
Basic restorative nursing services	V	<u> </u>
Residents' rights	V	
Students did not perform any patient services until after the primary instructor found the student to be competent	V	
 Students only provided patient services under the supervision of a licensed nurse 	V	
 Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association). 	V	

3.	Submit Decumentation to Support Requested Curriculum Changes:
Name o	of Course (if applicable): We fore Or Line
□ Su	ty of teaching methods may be utilized in achieving the classroom instruction such as independent study, video tion, and online instruction. bmlk reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc.).
	documentation that supports requirements listed in ARSD 44:04:18:15, Including: haviorally stated objectives with measurable performance criteria for each unit of curriculum riculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows: A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.
	A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor. Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail): Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; tolleting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning:



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Q	 developmental tasks associated with agin dignity, and recognizing sources of emotion 	ng: responding appropriately to behaviors; awareness of g process; respecting personal choices and preserving client onal support; ding: communication and techniques for addressing unique				
	needs and behaviors;					
	Basic restorative nursing services, includir eating, and dressing; range of motion; tu and training; and care and use of prosthe	ng: self-care; use of assistive devices in transferring; ambulation, rning and positioning in bed and chair; bowel and bladder care tic and orthotic devices:				
Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.						
Program Cook	dinator Signature: Ray	LC Date: 8/28/13				
This section to	be completed by the South Dakota Bo	and of Nursing				
Date Application	on Bacolund	I Park And Parking Date of				
Date Application Received: Date Application Denied: Date Approved: Reason for Deniel:						
Expiration Date		Reason for Denial:				
Board Represe						
Date Notice Se	ent to Institution: 10 3 13					